Dr Lennon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

07843

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, ~~write~~ RURAL NEAR and give town)

Street No. Hickory Hill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Isaac H. Cannon

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Frances Cannon

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1861

8. AGE:

Years	Months	Days	If less than one day
78	3	26	hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Somerset Cannon
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Henrietta Nichols
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Fannie Roach

Address Seaford, Delaware

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof August 16 1939
(month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. August 14 1939
(Date rec'd by registrar)

J. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1939, at 11.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1939, to Aug 14 1939, and that I last saw h/M alive on Aug 13 1939.

Immediate cause of death Uremia.

Due to Suppression Kidneys Chronic Nephritis

Due to

Other conditions Acute Diarrhea

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
1 day
2 days
8 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lennon M.D.
M. D. or other

Address Federalsburg Md Date signed 8/14/39

RECEIVED
SEP 5 1939
BUREAU V. S.

07844

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 60

Village or City Henderson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 10 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME William G. Carrow If U. S. Veteran, specify WAR

(a) Residence: No. Henderson. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of: Isabell Carrow

6. DATE OF BIRTH (month, day, and year): April 8. 1851

7. AGE: Years 88 | Months 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.: X

10. Dato deceased last worked at this occupation (month and yaar): X

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: William Carrow

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Martha Young

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Addrass): Samuell Carrow Hartley Del.

18. BURIAL, CREMATION, OR REMOVAL

Placa Dover. Del. Date Aug. 11, 1939

19. UNDERTAKER (Addrass): Raymond B. Rawlings Greensboro, Md.

20. Aug. 11, 1939 A C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 8 (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from July, 1939, to Aug 8, 1939

I last saw him alive on July 31, 1939; death is said to havo occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

Cardio Renal

Vascular Chronyes

Date of onset

Other Contributory Causes of Importance: Age Information

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Spacify wbether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way relatad to occupation of deceased?

If so, specify

(Signad) N. F. Silver M. D.

(Addrass) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PL[illegible] WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 8 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07845

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Talbot, Caroline Registration Dist. No. 60

Village or City Cordova, Goldsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henery Cartir If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ana Cortir

6. DATE OF BIRTH (month, day, and year): Dec 30, 1864

7. AGE: Years 75 Months 8 Days - If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): Jan 1, 1937

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): North Wales.

FATHER

13. NAME: Vuknow

14. BIRTHPLACE (city or town) (State or country): North Wales.

MOTHER

15. MAIDEN NAME: Vuknow.

16. BIRTHPLACE (city or town) (State or country): North Wales.

17. INFORMANT (Address): Mrs. Lester Haddock Greensboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olive Del. Date: Sept 2, 1939

19. UNDERTAKER (Address): Raymond B. Rawlings Greensboro Md.

20. FILED: 9/31/39, 19 A. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8 (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1939, to Aug 30, 1939

I last saw him alive on 8/30, 1939; death is said to have occurred on the date stated above, at 2 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day

Other Contributory Causes of Importance:

Cardio-Renal, Vascular Changes	10 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. D. Solver M. D.

(Address) Goldsboro Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 8 1930
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Plummer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07845

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline

City or town Hyncon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. / Hyncon
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert C. Craft

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith Craft

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) February 19, 1898

8. AGE:

Years	Months	Days	If less than one day
41	5	22	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William H. Craft
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden name Edna Willis
15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Edith Craft
Address Federalsburg, Maryland, R.F.D.

17. Burial Date thereof August 13 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pine Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. August 12 1939 C. D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1939, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4 1939 to August 11 1939, and that I last saw h-- alive on August 11 1939.

	DURATION
Immediate cause of death Coronary Occlusion	8 hours
Due to Chronic Myocarditis	?
Due to	
Other conditions Pulmonary Neurosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Linda B. Plummer M. D. or other

Address Date signed

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(92-a)

07847

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Rural Near, Preston,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 59 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Rural Near, Preston, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Victoria Dickerson,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William L. Dickerson
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) Month unknown, 59 years

8. AGE:

Years	Months	Days	If less than one day
59	-	-	hrs. min.

9. Birthplace Caroline Co. Maryland.
(Town, county, and state)
10. Usual occupation House-work & Cannery Employee
11. Industry or business

FATHER
12. Name Henry Johnson,
13. Birthplace Caroline Co. M d.

MOTHER
14. Maiden name Sarah Hammond,
15. Birthplace Caroline Co. Md.

16. Informant William L. Dickerson,
Address Preston, Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug. 23" 1939
(month) (day) (year)
Cemetery or crematory St. Paul, Caroline Co. Md.
Location Near Concord, Md.

18. Funeral director J. J. Framptom & Son.
Address Federalsburg, Md.

19. August 22 1939 J. J. Framptom
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20" 1939, at I A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 39
and that I last saw h alive on Aug 20 19 39

Immediate cause of death Pyelonis right side & Mental Regulation.

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin N Nichols M. D. or other
Address Preston Md Date signed 1/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07848

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

(1572)

County Caroline — Registration Dist. No. 66

Village or City Ridgely — No. Fifer Hospital St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

John Howard Everett — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Church Hill

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) August 21 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Ridgely (State or country) Caroline Co. Md

FATHER

13. NAME Earl Jarrett Everett

14. BIRTHPLACE (city or town) Queen Anne Co (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Alice Cole

16. BIRTHPLACE (city or town) Queen Anne Co (State or country) Md

17. INFORMANT Bertha Everett (Address) Church Hill Md

18. BURIAL, CREMATION, OR REMOVAL Place Church Hill Md Date Aug 24 1939

19. UNDERTAKER Acting E Dale Jr Everett (Address) Church Hill Md

20. FILED Aug 24 1939 Lowans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 24 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1939, to Aug 24, 1939

I last saw him alive on Aug 24, 1939; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Cardio-vascular anomaly	
Other Contributory Causes of Importance:	

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ____

(Signed) J Sutton M. D.

(Address) Ridgely Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Do Breatts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

07849

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Fountain

3. (b) Social Security Number

4. Sex F

5. Color or race Col

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or ~~wife~~ William H. Fountain

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8th 1851

8. AGE: Years 88 Months Days 1 If less than one day hrs. min.

9. Birthplace Near Denton Maryland (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Benj. Grace

13. Birthplace Md.

MOTHER 14. Maiden name Lucy Thomas

15. Birthplace Md

16. Informant Wm E. Fountain (Son)

Address Denton Md

17. Bells Chapel (Burial, cremation, or removal. Which?) Date thereof 8/12/39 (month) (day) (year)

Cemetery or crematory Bells Chapel

Location Near Denton Md.

18. Funeral director J. Virgil Nevoor & Son

Address Denton

19. Aug 12 1939 (Date rec'd by registrar) Mr. D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1939, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1928, to 19

and that I last saw her alive on April 2 1939.

Immediate cause of death arterio sclerosis — DURATION 1925

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Nevotts MD M.D. or other

Address Denton Md Date signed Aug 17 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

07850

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Greensboro.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Railroad Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Victoria England Roe.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

B (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1860

8. AGE:

Years	Months	Days	If less than one day
79	5	29	hrs. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER 12. Name Augustus Roe.

13. Birthplace Md.

MOTHER 14. Maiden name Susan Booze

15. Birthplace Md.

16. Informant Lida Jarrell.

Address Greensboro. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 29. 1939 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md.

18. Funeral director James A. Spence.

Address Easton. Md.

19. Aug. 28 1939 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1939, to Aug 26 1939, and that I last saw h-e alive on Aug 26 1939.

Immediate cause of death Carcinoma of Liver

DURATION

Due to

Due to

Other conditions Chronic Myocarditis

Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clarke H. Stonesifer M.D. M. D. or other

Address Greensboro Md. Date signed Aug 26 '39

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SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07851

(133)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Thomas If U. S. Veteran, specify WAR

(a) Residence: No. Ridgely Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Thomas

6. DATE OF BIRTH (month, day, and year) April 7, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Roach

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) James Thomas, Queen Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place Hills bro Md Date Aug 15, 1939

19. UNDERTAKER (Address) Raymond B. Rawlings Queens bro Md.

20. FILED Aug 15, 1939 J. D. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to Aug. 12, 1939

I last saw her alive on Aug. 12, 1939; death is said to have occurred on the date stated above at 8P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cystitis + Cyst. Fx

Date of onset

Other Contributory Causes of Importance:

Secondary Anemia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Strassefer M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-a)

07852

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Shannon Yoke

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Alice Cole Yoke

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan. 11th 1871

8. AGE: Years: 65 Months: 5 Days: 24 If less than one day: hrs. min.

9. Birthplace: Balto. City (Town, county, and state)

10. Usual occupation: Retired Salesman

11. Industry or business

FATHER

12. Name: C. S. Yoke

13. Birthplace: Balto. Md

MOTHER

14. Maiden name: Delilah Hall

15. Birthplace: Balto. Md.

16. Informant: Mrs Alice Yoke

Address: Denton. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Aug. 8th 39 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton

19. Aug 8 1939 (Date rec'd by registrar) Mrs. D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on Aug 6 1939.

Immediate cause of death: Prolapsis Left Side Chronic Mitral Regurgitation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

OURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Milton N Mitchell M. D. or other

Address: Denton, Md Date signed: 8/8/39

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SEP 6 1939
BUREAU V. S.